ACRONYMS

AGYW  Adolescent Girls and Young Women
ARUWE Action for Rural Women Empowerment
CDO Community Development Officer
COA Chief Administrative officer
COU Church of Uganda
DHO District Health Officer
DLG District Local Government
EoPe End of Project Evaluation
FDGS Focus Group Discussions
GOU Government Of Uganda
HC Health Center
HC Health Center
HIV/AIDS Human Immune Virus/Acquired Immune Deficiency Syndrome
HUMCs Health Unit Monitoring/Management Committees
KIIS Key Informant Interviews
MHM Menstrual Hygiene Management
NGO Non-Governmental organization
RDC Resident District commissioner
SC Sub-county
SGBV Sexual and Gender Based Violence
SHC School Health Clubs
SRH Sexual and Reproductive Health Services
SWT Senior Woman Teacher
ToC Theory of Change
UPE Universal Primary Education
USE Universal Secondary Education
UWEP/F Uganda Women Entrepreneurship Fund/Programme
VHTs Village Health Teams
VSLA Village saving and Loan Associations
YLF/F Youth Livelihood Fund/Programme
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1. INTRODUCTION AND BACKGROUND

1.1. Introduction

This report sets out findings of an End of Project Evaluation (EoPE) for the Girls Emerge: My Life My Power Project implemented by Action for Rural women Empowerment [ARUWE] between 1st September 2018 and 31st August 2019 in Sembabule District in mid central Uganda. The project was implemented across two sub-counties of Mijwala and Sembabule Town Council focusing on four villages, four schools and two health centers. The target population of the project included, adolescents Girls and Young Women [AGYW] between the ages of 15-24 who are in and out of school, pregnant or those who have given birth, those involved in transactional sex and married as well as young men who are husbands of these AGYW.

The overall objective of the project was to empower AGYW in Sembabule district to tackle Sexual and reproductive health [SRH] and Sexual and Gender Based Violence [SGBV] through addressing the related divers by 2019. Specifically the project set out to achieve four objectives including:

i) To empower and tackle SRH, reduce risk of HIV/AIDS and Sexual and Gender Violence among adolescent girls and young women in and out of school in Sembabule District by 2019.
ii) Economically empower families of adolescent girls and young women in Sembabule District to enable them meet needs and positively parent their children by 2019.
iii) Support to strengthen functionality of the health system structures to plan and monitor inclusive SRH services delivery in Sembabule district.
iv) To mobilize and create awareness on SRH and SGBV to the larger community of Sembabule to trigger attitude and behavioral change in support of AGYW by 2019.

The evaluation was conducted in the month September 2019 between 23rd and 30th 2019 by an independent individual consultant from NaNa Development Consultants Limited with support from the project implementation staff from ARUWE. The overall objective of the evaluation was “to provide an accurate measurement of the extent to which the project has achieved its objectives and targets over the project implementation period.

2. EVALUATION APPROACH AND METHODOLOGY

The evaluation adopted the OECD-DAC evaluation criteria\(^1\), based on a series of key questions, set-out in an evaluation framework of relevance, efficiency, effectiveness, impact and sustainability of the project. The overall approach was one of trying to identify the best fit between resources, activities and results or progress made by the project in meeting her objectives. The image used in this evaluation is of arranging a “marriage” between the three: resources, activities and results which we have referred to as the Theory of Change (ToC).

One side of this marriage is resources including, Staff- (ARUWE and Girls Emerge staff), finances, time, processes, partnerships and how these resources were deployed. The other side of the marriage is the community in which these resources were deployed including the (AGYW, those in school, out of school, married, their partners, their respective families and the general community). The kind of

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analysis used in this evaluation was one which looks at how these resources were utilized to bring about “Real” change in peoples’ lives in terms of improving access to SRH, HIV/AIDS services, ending SGBV and improving the household income through economic empowerment among AGYM in Sembabule District using a set of evaluative questions as described in the OECD-DAC evaluation criteria.

In an attempt to make the match between the two, we relied on four sources of information (all data collection tools annexed to this report) including:

i) Key Informant Interviews (KII) with (ARUWE staff, Schools’ leadership, District and sub-county officials, Health Unit Monitoring/Management Committee [HUMCs] members and Health Center [HC] staff)

ii) Focus Group Discussions (FGDs) with AGYM groups, HUMCs and advocacy champions.

iii) Field excursions to AGYW who have started income generating activities as individual or as groups and finally

iv) Review literature from both ARUWE and the District including the project proposal documents, annual and progress reports and policy documents to find relevance and milestones of the project.

3 FINDINGS

3.1 Relevance

This section assesses the extent to which the project’s objective are consistent with goals and objectives of ARUWE and Girls Emerge, those of the target communities including the AGYW, target schools, health centers and district at large.

3.1.1 Relevance to the target district and community needs.

Data extracted from the District Education Office [DEO], Community Development Office [CDO] and District Health Office [DHO] indicate a critical need for Adolescent Sexual and Reproductive Health [SRH] services across the district as well as HIV/AIDS services. The district has only one HCIV, no district hospital and majority of the sub-counties lack health center III to offer, HIV/AIDS services as well and antenatal and maternal health services. The recent HIV/AIDs indicator survey shows that the District has an HIV/AIDS prevalence and incidence rate of about 10% and 3.4% respectively among the highest in the country over and above the national average of 7% and 2.1% respectively. The girls in the district are disproportionately affected than boys with more than 56% of all both prevalence and incidence cases are girls. Data from the DHO further point out that adolescent pregnancy rates are very alarming estimated at 46% especially between the girl of 15-25 years, access to family planning services is also estimated at only 64% with an average unmet met family planning need of about 36% over and above the national average of 23%.

Data from the DEO also indicate that the district has about 187 Universal Primary Education [UPE] school, nine [9] Universal Secondary Education [USE] schools and one [1] technical and vocational institution across 17 sub-counties and one [1] town council. This clearly indicates that majority of the pupils who complete primary school level in the District cannot be absorbed in the secondary education and technical institutions which lead to a high school dropout rate due to limited access to secondary and technical institutions. Other factors pointed out include lack of access to WASH services especially for the girl child, cultural practices, early pregnancy and lack of school fees and scholastic materials. It is estimated that about 56% of all pupils who join primary schools, about 60%
of them are girls. The data further indicate that majority of the schools don’t have access to MHM services which further aggravates the problem of school drop outs especially with girls.

Data from CDO further paint a gruesome picture of SBGV and aggravated by lack of access to information, poverty and early marriages. The national poverty monitoring surveys put Sembabule district as one of the districts with poor populations due to weather challenges which distorts the livelihood of the population heavily dependent on cattle rearing and crop farming. The district is also ranked highly in SGBV cases aggravated by the cultural norms which gives no rights to girls and women to property and decision to choosing their marriage partners and age of marriage. To make matters worse, the department CDO is underfunded and understaffed to monitor and follow-up SGBV cases and implement poverty alleviation programs. The Youth Livelihood Programme/ Fund[YL/F] and Uganda Women Entrepreneurship Programme/ Fund[UWEP/F] grants only reach about 20 organized groups [youth and women] per year leaving out majority of the women and youth in abject poverty.

ARUWE and Girls Emerge intervention in improving access to SRH, HIV/AIDS services and Menstrual Hygiene Management [MHM] at both schools and community levels as well as intervention in SGBV and economic empowerment skills was undoubtedly relevant and helped to close the gap left behind by the district in service delivery in the respective sectors.

3.1.2 Relevance to partner organization

The message of relevance on side of ARUWE and Girls Emerge is clear directly from the organization mission and vision statements as a ‘non-profit organization working with rural communities, especially marginalized women, youth and children, in Uganda”. ARUWE’s works to create avenues for women to realize their full socio-economic development through strengthening advocacy, civic participation and service provision’. The project was in a fulfillment of the organization’s mandate of improving the lives of the women and youth especially adolescent girls through access to SRH, HIV/AIDS services and economic empowerment to improve their household welfare.

3.1.3 Targeting

The project was spot on in targeting her interventions, first Sembabule is one of the Districts in Uganda falling behind in most of the development indices related to access to health, education and with the highest incidence and prevalence of the SGBV and HIV/AIDS in the central region. Further the project targeted both rural and urban sub-counties to ensure that services reach all population in the districts.

As per the target beneficiaries and selection of the communities, the selection of Sembabule Church of Uganda [CoU] primary school was critical and on point. The school is a Government aided school [UPE] with limited access to all services, predominately with children from poor backgrounds, have limited access to all educational services and infrastructure to mention. What is critical in the selection of this school and a demonstration of equitable targeting are children with special needs. The school has a population of 91 deaf children who are sometimes neglected by their parents and often times dumped and abandoned at school with no follow-up. This group of children also have limited access to all services including SRH and HIV/AIDS services. The children are also at a risk of exploitation due to their disadvantaged position due to hearing and speaking impairments. The project worked with the school administration to access services to this population which is heavily marginalized by both the parents and the community. The targeting of AGYW was equally critical.
due to their disadvantaged position as discussed in the previous section. This selection of the project beneficiaries and targeting was a plus in terms of the project inception and implementation which must be highly commended.

3.2 Effectiveness:

The project set out to achieve four [4] major objectives as outlined in the project proposal document and the subsequent reports. Although the project did not undertake a baseline study to set a benchmark for the project intervention, progressive project implementation reports and the end of project evaluation data collection point to the level at which the project has achieved her objectives. It is very resounding that the project met majority of her targets and in same instances surpassing them as detailed in the subsequent sections of this report.

3.2.1 Achievement of overall targets.

Overall the project targeted to reach 300 young men, 900 young women and 300 children making a total of 1,500 direct beneficiaries across 250 families in Sembabule Districts in two sub-counties. End of Project Evaluation data point to the fact that the project reached and surpassed these numbers directly and indirectly. Across the four schools the project reached out directly to 200 young girls in schools training 50 girls from primary five [P.5] to primary seven [P.7] in each school on hygiene and sanitation promotion, Menstrual Hygiene Management [MHM] and making of reusable pads. These were also supported to undertake peer to peer training to pupils in lower classes as they advance. By the end of the project through peer to peer mentoring, a total of another 150 girls had been trained and mentored by the pioneer pupils trained with the support of the Senior Women Teacher [SWT] in the respective schools.

At community level the project set out to work with adolescent Young mothers who are out of school to reach with both SGBV and SRH services as well as economic empowerment. Through this approach the project formed four groups of AGYM with each group comprising of about 30-35 girls. These were given skills in enterprise development, such as soap making, art and craft, piggery and sustainable agriculture. These project interventions reached about a total of 150 AGYM. Besides the young
mothers, their husbands were also reached directly on SGBV through their women and this brought the total to over 300 AGYW including their husbands.

Through the media engagements the project further reached over and above her target. Information gathered through the project evaluation indicate that the project implemented a media campaign and community dialogues to engage both the service providers, men and the district technical and political leadership as well as the police. The purpose of the dialogues were to create awareness and demand for better service deliver especially for SGBV and SRH services. Data from the annual reports indicate at least four [4] media engagements through Mbabule radio station were undertaken during prime time [7-8:30 Pm] on the weekends where listenership was highest. Information extracted from Mbabule FM a local radio station in Sembabule indicate that they have a listenership of over 300,000 people in Sembabule and the neighboring districts. This wide coverage is over and above the project targeted population.

To further justify the reach of the project against the targeted, the project undertook at least three [3] community dialogue meeting between the district health teams, education, community development and police to raise awareness of the SRH services and SGBV in the two sub-counties. The dialogue meetings were attended by about 210 community members including men and women and over 30 community leaders in their respective capacities from the district chairperson, Resident District commissioner [RDC] to the area counselors, village chairpersons to mention. Further the project also reached about 160 and more AGYM through community sensitization meeting on access to SRH, antenatal care services and the importance of maintaining of good hygiene and sanitation in their homes. The AGYW were also sensitized on the need to undertake antenatal visits when pregnant and the uptake of family planning services to mention. Overall the project reached over 10,000 people directly and about 5,000 people indirectly through various interventions from the targeted 1,500 people.

3.2.2 Achievement of objective one [1]:

The project set out to empower and tackle SRH, reduce risk of HIV/AIDS and Sexual and Gender Violence among adolescent girls and young women in and out of school in Sembabule District by 2019. By and large the project achieved this objective. Data collected from the annual project reports indicate that three trainings and community sensitization meetings were undertaken with AGYM as well as their spouses on human rights and their entitlements, with over 160 participants.

The trainings focused on available family planning methods, access to antenatal, maternal and child health services, family planning, HIV/AIDS prevention, awareness and treatment, STI prevention as well as SGBV across the community. The community sensitization meetings were undertaken by resource persons hired by ARUWE, working with district health workers and the VHTs. Data gathered from the health centers indicate an increased access and uptake of SRH services including condoms, and other family planning methods at the health centers. Data extracted from Kasaalu HCII indicate that about 50 women visit the health center for antenatal care services, family planning and HIV/AIDS testing including men from a figure as low as 5 in month before the project.

ARUWE also collaborated with the CDO, probation and child welfare services office and the police to sensitize the four target communities about the dangers of GBV and the available pathways through which the communities can address these challenges. These sensitization meetings were also reinforced with both the community dialogue meting and the media engagements undertaken by the
project. As result of the project, it is reported that over 3 SGBV cases were handled and resolved by the CDO and probation office, six cases were referred to police for further management and twenty [20] SGBV male and female champions in the community have emerged to act as focal point persons for the GBV cases. The project also formed the SGBV referral pathways in the community with the champions as the focal point of the contact for such cases.

At school level the picture is more encouraging related to the project successes in the area of awareness created by project. The school management especially the senior women teachers and the project team undertook sensitization meetings with over 200 adolescents on their rights to education, right to food, right to marriage, shelter and protection among others. These sensitization meeting also made pupils aware of their SRH needs, MHM needs and encouraged the schools to provide these services to the girls. For example one of the girls by the names of Aidah in Sembabule Church of Uganda primary school was able to fight off early marriage by her parents when she reported the matter to police when she was being forced into marriage. The same school also introduced the girls’ washrooms in the school after this sensitization. It is reported from the school head teacher that one of the male teachers’ toilet stance was set aside for the girls to use it as the washroom for the girls which wasn’t the case before this sensitization. The other three schools also report that they have included MHM management such as buying soap, sanitary disposable pads and spare uniforms for girls from the UPE grant and budgeted under the sanitation and health budget. The school girls and AGYW out of school were also given skills on making reusable sanitary pads.

A total of 20 girls have in the respective schools also have become champions to pass on the MHM management to their fellow children with the help of the school senior woman teacher which has further increased awareness across the schools.

3.2.3 Achievement of objective 2:

To effectively and economically empower families of adolescent girls and young women in Sembabule District to enable them meet needs and positively parent their children, ARUWE with support of the district community development office and the consultant trained four women groups in entrepreneurship, vocational skills and financial literacy. The four groups of between 30-35 AGYW were taken through a five days training in selected enterprises such as soap making, art and craft making, shoe making and making of reusable sanitary pads, making of briquettes and energy saving stoves.

As a result of this training about 5 youth have set up self-employment opportunities and business in making soap and others have started retails shop business for example Madina Namubiru in Kabayoolwa ward, Sembabule Town Council has started a retail shop using the business skills she acquired in the training and a loan from her group. Another groups in Kasaalu Sub-county, Mabindo village has started making liquid soap and report selling soap worth 30,000 per week. While Nalukenge Mariam in kabayola ward, Sembabule town council has started a briquette making and selling business where she reported earning about 20,000 per week. Namujuzzi Annet, Nalukwago Olivia, and Nakimbugwe Florence all from Kisakyamukama women’s group in Mabindo Village all started roadside petrol selling business with support from a loan they obtained from their groups and earning averagely 20,000 shillings profit per week.

What is clear among all those who have started business enterprises is that they have been able to pay for their children school fees and meet their household needs including clothing, medical care,
scholastic needs to mention. Another group member [Nabukenya Molly] from Awamu yenkulakulana women’s groups started crafts business where she makes bangles, bracelets and all sorts of jewelry from which she reports selling in the communal markets and earns about 30,000 per week.

An assortment of crafts made by Nabukenya Molly from Awamu yenkulakulana women’s groups

Besides the individual business enterprises, the project also supported the groups with income generating activities at group level. Key among these was piggery. A total of 4 piglets were procured by the project to be looked after by the groups and when they produce the members would get piglets and then start their own piggery enterprises. By the time of the evaluation all the four project piglets were healthy and thriving which will further lead to improved household incomes.

One of the piglets of Awamu yenkulakulana group in kasaalu Village, Mijwala Sub-county.

Through the entrepreneurship skills, the groups were also introduced to group saving and lending. As result, four saving groups were started with each member saving between 1000-5000 shillings per week. By the time of the evaluation each group had mobilized members’ savings to a tune ranging
between 500,000 to 1,000,000/= as money saved with the group treasurer and had given out loans to members at a very low interest of 3% per month. Overall the groups reported that they have accumulated over three million shillings in members’ saving and had given out loans to members worth two million shillings. Further two of the four groups had been registered at the sub-county and district level and have certificates to benefit from other Government available source of funding for their self-development such as the Youth Livelihood Fund and the Uganda women entrepreneurship fund. However members cry of not having membership saving box and limited capital to undertake big group enterprises such as function hire services which are profitable and easy to manage.

3.2.4 Achieving objective 3:

Under this objective the project set out to support and strengthen functionality of the health system structures to plan and monitor inclusive SRH services delivery in Sembabule District. To do this, ARUWE worked with the district health services, through engagement meeting and community dialogue meetings. ARUWE also formed and trained the Health Unit monitoring/Management committees [HUMCs] comprised of VHTs and community leaders. These were also sensitized on the dangers of SGBV, the need for health center delivery for women, and undertaking antenatal care. However the biggest challenge was lack of these services the community/ Government Health centers [HC]. For example in Kasaalu sub-county, there were only two health centers at the level of HC II which by law don’t offer HIV/AIDS services, maternal and antenatal and comprehensive family planning services other than oral family planning services.

However through the district engagement meetings, community dialogue meetings and radio talk shows and engagement, the district health services agreed to carry out outreaches to the two health centers IIs monthly to offer HIV/AIDS services including testing, care and treating. The district has also started to offer and extend a comprehensive list of family planning services including both oral and surgical services to the centers at least once a month. One of the health centers in Kasaalu sub-county

*Some of the group members from Kisa kYamukama womens group, in Mabindo village*
[Busheeka HCII] was also upgraded to HCIII to further improve health services delivery, although the process of upgrading is still on going with constructions. Data from the HC HUMCs revealed that the last quarter the HC received drug consignments for HC III and there is no drug stock out for essential medicines since the project started.

Photo of Busheeka Health center II being upgraded to HCII status with the constructions.

To further bring out the project achievements, across the two health centers, a Health unit Monitoring Committee team has been set up and trained to monitor health services delivery including monitoring drug stock outs, theft and planning for the health center. The health monitoring team in Kasaalu health center II is currently mobilizing the community to collect money to expand the land holding of the health center which is the only remaining precondition for the center to also be upgraded into HC III status. These health mounting team members have also become SGBV champions at the community level and act as first referral points for such cases in the community.

Data collected from the HCIII form 4 further indicate an increase in number of people accessing maternal and child health services, family planning and HIV/AIDS services from as low as 5 per week to over 60 case per week, the number of women testing for HIV/AIDS with their partners have also gone up from 0 to over 45 per month since the services were bought nearer to the population as well as an increase in the number of women taking and accessing family planning services has increased from only 25 per month to over 123 cases per month including men and youth who come for condoms and family planning pills at the health centers.

3.2.5 Achieving objective 4:

The project set out further to mobilize and create awareness on SRH and SGBV to the larger community of Sembabule to trigger attitude and behavioral change in support of AGYW by 2019. To achieve this objective the project undertook four media engagements including radio talks shows, jingles and advert on Mbabule FM a local radio station in Sembabule district. The programs were aired during prime time hours between 7-8:30 pm on Saturday to increase listenership. The media engagements also included both service providers/duty bearers such as the police, district leadership both technical and political and the citizens who receive the services. On every Saturday for one
month, the youth, women and AGYW would put the duty bearers to task to explain the lack of services on air which they responded to by making commitments to be followed up by HUMCs and other project partners. Data obtained from the partner radio station indicate that the sensitization information reached over and above the targeted population with the frequency of the radio station reaching neighboring districts in Gomba, Mubende and Bukomansimbi. It also reported that during the radio talk shows people from neighboring district used to call back and give feedback about the programs and share their views of the topical discussions. It is also reported that people from other districts used to call in asking for an extension of the project to their districts especially those surrounding the target sub-counties.

At community level also a total of four community dialogue meetings were also undertaken to sensitize the communities on their rights as well as demanding for access to SRH and GBVS from their leaders. These engagements have since resulted into the creation of the GBV pathways through which AGYW can report GBV cases and get resolved as well as establishment of the village advocacy and SGBV champions who are keen at increasing access to these needed services.

Overall the project achieved her four objectives and in some instances surpassing them. However the need still exists with only two sub-counties intervened in the districts leaving out 15 sub-counties in the district with equally a bigger challenge.

3.3 Efficiency

This section looks at a measure of how the project’s economic resources/inputs (funds, expertise, time) were converted into results. Special emphasis was given to value for money by looking at outputs verse costs, the level of staff costs against out puts and the costs and benefits of the project.

3.3.1 Project team and structure

The project instituted a lean and effective team to implement the project. Although the project duration was one year, the project instituted a team of three staff to implement the project in the two sub-counties. The Project officer, the Project Manager and a consultant to undertake skills training for the women and girls. This meant that the cost of administration was thin and with wide spread on the project outcomes. The project instead of hiring an account and M&E officer relied on the support of other ARUWE internal departments. For example project accounting roles were contributed by the organization accountant and the M&E department support the project implementation and monitoring roles at a very small salary contribution other than hiring independent staff.

The project also enjoyed support from the programme management Unit at ARUWE and the leadership of the Executive Director for supervisory roles. This structure ensured that the small project budget was committed to delivering the services to the community other than meeting overhead costs and expenses while enjoying a wide range of expertise from the organization. The project also equally relied on the established community structures to further deliver the services for example the HUMCs and the GBV champions and the school health club members who have continued to deliver the services even without any monetary support working on a voluntary basis hence the efficiency in the use of the project resources.
3.3.2 Establishment of a Sembabule field office, equipment and transportation

ARUWE established the Sembabule field office as both a cost-savings measure and to improve her effectiveness and visibility on the ground. Justifiably, operating directly from Kampala would overwhelmingly increase the project overheads in terms of transportation costs and loss of staff time for project activities along travels days. There would also be no reference for the project in the target community. Furthermore, key project equipment have been vital in delivering the project with success, of urgent notice included the office chairs, desks, filing cabins and other accessories. Of critical importance are the computers (2), laptop (1) and printer to ease report writing and communication between the field office, head office and the donor. Perhaps this explain why many of the project reports have been submitted in time as there was no need to travel to Kampala for compiling project reports. However the project due to its limited budget lacked transport and this may have increased the cost of operation especially through hiring transport to facilitate movement to the field.

3.3.3 Financing

ARUWE undertook project implementation and spent project funds on eight budget lines. The total project budget was Uganda shillings: 126,680,000/= [approximately 34,707$] spent as indicated in the figure below in both actual figures and percentage of the total budget.

What is clear in this breakdown is the direction of the expenditure lines where most (74%) of the finances went to critical project aspects such revolving fund [13%], project activities [37%], sub-contractors [13%] equipment [1%] and M&E activities [13%].

Project personnel [22%] and administration [3%] was allocated the least budget which was in line with international project management standards of project management where administration is recommended to range between 25-30 % of the total budget.

3.3.4 Value for money

The notion of leveraging resources to maximize outputs was central to both project design and implementation. Deliberate attempts were made to invest little for more outputs. The evaluation has found a number of these attempts as value for money approaches.
a) Groups Vs individual intervention. In all aspects of the project, all project deliverables and inputs were delivered in groups as opposed to supporting individuals. For example all trainings, IGAs and startup capital were done in groups to leverage resources and promote efficiency other than dealing with single individual which would be very costly for the project.

b) The project also selected and trained GBV champions at both the community and the school levels. At the health centers they identified and formed Health unit monitoring/ management committees to follow-up the project benefits other than recruitment of project staff. The value for money in these committees and structures are evident in form of the voluntary nature of their work and being local community members who operate with limited cost. This greatly scaled down the operational costs if the project was to hire staff up to village or parish level.

c) Selection of IGAs and business enterprises in which the communities were supported is another clear indication of value for money. The project selected piglets which are fast maturing and give birth to a number of piglets to share with other members. It is espoused that within one year of the project all groups members will have received their piggery enterprises with the sharing and distribution of the piglets produced by the mother stock. Other IGS in which capacity was built was relevant and many of the project beneficiaries were able to start up their own business without financial support from the project to the availability of materials and market for the produce. Provision of skill was the only missing link for the early adopters. This has created a sense of ownership among the project beneficiaries since they have started the enterprises on their own without any financial support.

3.4 Sustainability

This section assesses the likelihood that ARUWE and Girls Emerge’s actions [whether in health service delivery [HIV/AIDS prevention, care and treatment], SRH services, family planning and SGBV services to mention and economic empowerment] will have lasting impact and sustains the benefits that were brought about by the project. We look at this criteria using a lens of three critical factors including economic empowerment, establishment of community structures and capacity building

3.4.1 Economic empowerment

The sustainability of community projects involving income generating activities depend strongly on a chain of links beginning with real demand for the services, sources of capital, full community participation, quality of inputs provided and capacity building. A key aspect of economic empowerment was the adequacy and access to capital to finance the individual and group enterprises. It is reassuring to find all the four community groups collecting money in terms of members’ savings to finance individual and groups enterprises which are likely to continue supporting families and households of the members. Secondly the selection of the enterprises like piggery was spot on and a key pillar in sustainability. Piggery doesn’t require a lot of capital injection apart from de-warming. They heavily rely on food leftovers from the household and food wastes such as peeling. The fast maturing nature and the number of the piglets also point to sustainability where it is likely that in period of one year the mother stock will have given birth to three times producing an average of 8 piglets to serve all group members. These enterprises are also likely to generate incomes to help the AGYW to continue provide for their families in terms of household needs and health services where these services are not available or free in Government centers. The established VSLAs have continued to mobilize cheap credit for the members through members’ savings and have collected
above a million shillings in members’ savings and continue to provide loans to the members even when the project has ended.

3.4.2 Capacity building initiatives

ARUWE through her capacity building initiative trained a number of community structures and beneficiaries with different skills including entrepreneurship, advocacy, financial literacy, human right and Menstrual Hygiene and Management [MHM] services. These skills have been in some instances been passed on to organized groups and structures such as the school hygiene and sanitation clubs, the GBV champions and the HUMCs who will continue and have continued to sensitize other beneficiaries in the schools and at community levels. A key example are the school health clubs in the four target schools who have trained another 150 girls in MHM services and at community level the GBV champions have continued to pass on the rights information to the population. This information and the skill will continue to revolve at the community level even when the project support has ended.

3.4.3 Establishment of community based structures

The sustainability question here is whether at the end of the project, will the established community structures continue to exist and be described as stronger as and more competent organizations than during the project implementation period?. In other words, have the community structures and organizations had their capacity developed [whether in regard to systems, technical expertise, fund-raising capability, or any other relevant aspect]. The answer to this question is YES, This project had both examples: For example the established HUMCs will continue to monitor drug stock outs at the designated health centers, the established VSLA groups have been registered at the district level and likely to continue serving the groups, the school health clubs will continue to exist in the schools to sensitize other pupils on MHM as well as the GBV champions will continue to stay in the target communities referring the SGBV victims through the established pathways in the community.

3.5 Impact and outcomes

The project was designed to contribute to the district development plan and achievement of the longer term effects on the target beneficiaries. Since there are a number of players in the district development field all targeting the same beneficiaries, the project only contributed to those longer term goals. While attribution may be estimated, the process of estimation requires use of data some of which is beyond the scope of this project evaluation. Nonetheless, the project outcomes can be identified in four major areas: increased access to SRH, HIV/AIDs and SGBV services in the community and improved household welfare and increased girl child regular school attendance especially in higher classes [P.5-P.7]. However short term outcomes can be reported for this evaluation and long term impacts can be reported in the longer term in a period over 2 years.

Information extracted from both the community FGDs and the health centers, indicate increased access and uptake of SRH services, HIV/AIDs services as well as Family planning and antenatal and maternal services through the elevation of the health center from health Center II to HCIII [Busheeka HC III in Mijwala Sub-county]. Data from HUMCs also report increased access to s=drugs and other services due to the instituted monthly outreaches and they report absence of drug stock out at the targeted health centers especially at the Kasaulu HC II which is yet to be elevated to the HCIII status to provide HIV/AIDS services and maternity services. The targeted centers have also established adolescent friendly corners where SRH services can be accessed by the adolescents for both HIV/AIDS
and family planning services and supplies such as pills and condoms for the youth. It is believed that these services access has improved as result of ARUWE intervention through the project.

Information collected from the field excursions and the groups FGDs clearly reveal an improvement in the household welfare of the participating members especially those who have established income generating activities. At least five members who ventured in sale of briquettes, retail business, making of crafts and soap making reported ability to provide their households with basic household needs such as food, clothing and paying school fees for their children. Two of the four women also report buying household property such as chairs, source pans, bed and beddings and a television.

Information gathered from the school, although not very conclusive point to the fact that, there has been an increase in the regular attendance of the girl child especially in higher classes which wasn’t the case before the project intervention. The school head teacher of Sembabule CoU PS, Mr. Tamale Godfrey report that since the girls were sensitized on MHM and making of sanitary towels the girls who used to stay home during menstruation days have improved their regular school attendance they no longer stay home. He further added that the addition of the girls’ washroom has also contributed to the uptake and use of MHM services in the school.

Although the project has registered some immediate outcomes, the time frame is too short to register long term impacts. Majority of these although not intend in the first place, they stand the test of time to be qualified into real achieved project impacts for the project.

4 CONCLUSIONS

By and large the project achieved her objectives in all aspects of the proposal. However it was spread too wide and too thin on the ground. It would have been more appropriate to focus on a slightly small geographical areas with all the interventions than a wider area with less intervention. A case in point is the focus of four groups across the two sub-counties yet these would have been found in ne sub-county for intensive coverage.

Access to services including HIV/AIDS, SRH and SGBV are undoubtedly the most significant achievement of the project with tangible benefits in terms of increased physical access and health systems strengthening. However time will tell if the communities continue to enjoy these services albeit the sustainability mechanism brought about the project.

Economic empowerment interventions show a positive picture on household improve their welfare. However the magnitude of the IGAs are still in their infant stage that may slightly take longer to have wider impact on the target population especially where those waiting to receive the piglets have to wait for more than a year before everyone in the group is able to receive the IGA items.

There is no doubt that the capacity for in and out of school about MHM, SRH, and SGBV is commendable for the adolescents and young women. However access to MHM in schools need more than capacity building. The schools and the partners need to support the girls with spare uniforms, girls changing rooms where they don’t exist, soap and access to water in schools and separate toilet facilities in the schools where they are not available.
5 RECOMMENDATIONS

The following recommendations are made based on the findings from the evaluation for adoption for any future follow up projects:

As an exit strategy encourage the groups to register their existence and operation including the VSLAs with the local authorities such as the district and sub-county to tap into the resources available at the district and local levels such the Youth livelihood fund and Uganda women entrepreneurship Fund. This will improve their capital base and close the remaining skills gap to undertake bigger enterprises to boost household incomes.

Seek for more funding to expand the project intervention to more school and sub-counties across Sembabule starting with those sub-counties and parishes which missed on the first intervention within the current operational areas.

Focus on less capital intensive enterprises with ready market in the target communities such as booking making, saloon and hair dressing as well as tailoring and fashion designing to build the skills of the AGYW especially those out of school to improve on their household income.

Work with other stakeholders in the district and CSOs to improve access to service services supplies and establish a clear SGBV referral pathway at the district, sub-county, parish and village levels to be used by all target communities even those which were not involved in the project implementation.